

**Note: This is a sample
template, it is not
an OMB approved
form.**

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Nextel Communications, Inc.

Service Provider Name
Nextel Communications

Company Address, City, State, Zip
2001 Edmund Halley Drive
Reston, VA 20191

Service Provider Type ☒ Wireless ☐ Wireline
Wireless

Name(s) of Wireless License Holder(s)

Nextel of California, Inc.; Nextel Communications of the Mid-Atlantic, Inc.; Nextel License Acquisition Corp.; Nextel of New York; Nextel License Holdings 1, Inc.; Nextel License Holdings 3, Inc.; Nextel of Texas, Inc.; Nextel License Holdings 2, Inc.; Nextel License Holdings 4, Inc.; Nextel License Holdings 5, Inc.; Nextel Spectrum Acquisition Corp.

Contact Name
Laura L. Holloway

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703-433-4143

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703-433-4142

E-mail Address
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Section 2**Local Area 911 Implementation**

List all individual local areas covered by this report (e.g., Lee County, Virginia):

McIntosh County, GA

Taliaferro County, GA

Bond County, IL

Jersey County, IL

LaSalle County, IL

Wagoner County, OK

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

Nextel currently routes emergency calls via 911 to each of the following:

McIntosh County, GA – basic 911 to the McIntosh County Sheriff's Office

Taliaferro County, GA – basic 911 to the Crawfordville Sheriff's Office

Bond County, IL – Phase I Enhanced 911 deployed

Jersey County, IL – basic 911 to the Illinois State Police

LaSalle County, IL – basic 911 to the Illinois State Police

Wagoner County, OK – basic 911 to the Tulsa Police Department

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Transition complete.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

Transition complete.

Section 3
911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

N/a

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

N/a

Section 4

Certification - To be signed by an authorized representative of the reporting entity

XX

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _____.

Signature – Laura L. Holloway

Printed name of authorized representative Laura L. Holloway

Title Senior Director, Government Affairs

Date 3/11/02

This filing is: XX ☐ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.